## **Application Data Sheet**

**Application Information** 

Application Type::

Regular

Subject Matter::

Continuation-In-Part

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)::

Title::

Attorney Docket Number::

1199-1-005CIP2

Request for Early Publication::

No

Suggested Drawing Figure::

**Total Drawing Sheets:** 

Small Entity?:

Yes

**Applicant Information** 

Applicant Authority Type::

Inventor

Primary Citizenship

American

Country:

United States

Status::

Full Capacity

Given Name::

Rodriguez

Middle Name::

Family Name::

Moses

Name Suffix::

City of Residence::

Rochester

State or Province of Residence::

Minnesota

Country of Residence::

U.S.

Street of mailing address::

2402 Hillside Lane S.W.

City of mailing address:

Rochester

State or Province of mailing address::

Minnesota

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Country of mailing address:: U.S.

Postal or Zip Code of mailing address:: 55902

Applicant Authority Type:: Inventor

Primary Citizenship American

Country: United States

Status:: Full Capacity

Given Name:: David

Middle Name:: J.

Family Name:: Miller

Name Suffix::

City of Residence:: Ridgeway

State or Province of Residence:: Wisconsin

Country of Residence:: U.S.

Street of mailing address:: 224 Cretney Street

City of mailing address:: Ridgeway

State or Province of mailing address:: Wisconsin

Country of mailing address:: U.S.

Postal or Zip Code of mailing address:: 53582

Applicant Authority Type:: Inventor

Primary Citizenship American

Country: United States

Status:: Full Capacity

Given Name:: Albert

Middle Name:: James

Family Name:: Hudspeth

Name Suffix:: M.D., Ph.D.

City of Residence:: New York

State or Province of Residence:: New York

Country of Residence:: U.S.

Street of mailing address:: 532 E. 87<sup>th</sup> Street

City of mailing address:: New York

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State or Province of mailing address:: NY

Country of mailing address:: U.S.

Postal or Zip Code of mailing address:: 10128

Applicant Authority Type:: Inventor

Primary Citizenship American

Country: United States

Status:: Full Capacity

Given Name:: Larry

Middle Name:: R.

Family Name:: Pease

Name Suffix::

City of Residence:: Rochester

State or Province of Residence:: Minnesota

Country of Residence:: U.S.

Street of mailing address:: 1708 Northern Viola Lane, N.E.

City of mailing address:: Rochester

State or Province of mailing address:: Minnesota

Country of mailing address:: U.S.

Postal or Zip Code of mailing address:: 55906

**Correspondence Information** 

Correspondence Customer Number:: 23565

Phone Number:: (201) 487-5800

Fax Number:: (201) 343-1684

E-Mail address:: ChrisDietzel@KJIPLAW.COM

## **Representative Information**

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date:
This Application	Continuation-In-Part		

## **Assignee Information:**

Assignee Information::

Mayo Foundation

Street of mailing address::

200 First Street, S.W.

City of mailing address::

Rochester

State of Province of mailing address::

Minnesota

Country of mailing address::

U.S.

Postal or Zip Code of mailing address::

55905